Postpartum Checklists

E General Postpartum

See pages 11-12

- ☐ Review hospital breastfeeding and marijuana policy guidelines with mother. Women stable in treatment on Buprenorphine or Methadone and do not use illicit drugs can be encouraged to breastfeed. Advise against the abrupt cessation of breastfeeding in Methadone patients
- ☐ Breastfeeding is contraindicated in women who are HIV positive or who have herpetic lesions on the breast
- ☐ Swap mother to Suboxone when due for her first refill postpartum, regardless of whether the infant is requiring treatment for NAS
- ☐ Encourage skin to skin contact and rooming-in
- ☐ Complete drug affected baby (DAB) notification
- ☐ Complete newborn referral sheet to public health nursing and Child Development Services
- ☐ Notify addiction treatment provider upon discharge to confirm follow up appointment
- ☐ Give patient list of medications administered during hospitalization and those prescribed at discharge. Indicate the timing of the last dose
- ☐ Some Methadone clinics close by early afternoon. Check hours of methadone clinic prior to discharge so that the patient does not miss a dose
- ☐ Be alert for symptoms of over-medication. When a patient appears somnolent, consider decreasing either pain medication or patient's regular dose of Buprenorphine or Methadone. Consult addiction treatment provider prior to adjusting MAT dose
- ☐ Schedule postpartum visit to develop a reproductive plan, screen for postpartum depression, and connect patient to a primary care provider for continued follow up

F Vaginal

See page 11

- ☐ Patients on chronic opioids are more sensitive to pain than those who are not and pain should be managed appropriately. They may require scheduled doses of NSAIDS and Acetaminophen for mild to moderate pain rather than prn. Short acting Opioids can be added as needed
- ☐ Patient's regular maintenance dose of Methadone or Buprenorphine prior to delivery. The dose should be re-evaluated with the addiction treatment provider after delivery

G Cesarean Sections

See page 11

- ☐ Patients undergoing C-section should also continue their maintenance dose of Buprenorphine or Methadone. Patient controlled IV Analgesia and/or Duramorph added to the spinal are effective options for the first 24 hours. Oral opioids can be added for break-through pain in addition to the maintenance dose of Methadone or Buprenorphine. Anticipate scheduled dosing of 1.5 times their normal dose every 3 hours

For more provider information on pregnancy and substance use:

www.maine.gov/dhhs/SnuggleME

Pregnancy Care Provider Quick Reference Checklists

A Pregnancy Care Recommendations

See page 7

- ☐ SBIRT screening (Screening, Brief Intervention, Referral to Treatment)
- ☐ Ask if patient is enrolled in a treatment program and obtain appropriate consents for coordination of care
- ☐ Check patient's record in the PMP
- ☐ Patient receiving prescriptions for chronic pain should have a drug agreement in place (see Appendix H of Snuggle ME Guidelines)
- ☐ Add HIV, Hepatitis C, and Sexually Transmitted Infections to routine lab panel
- ☐ Risk screening for tuberculosis
- ☐ Dating ultrasound upon entry to care
- ☐ At first prenatal visit, assess need for anti-emetics and antacids for reflux/morning sickness
- ☐ At first prenatal visit, consider bowel regimen of stool softeners, fluids, fiber products and hemorrhoid cream
- ☐ Enroll in text4baby.org for anticipatory guidance during pregnancy and first year of life
- ☐ Consider referral to Public Health Nursing, case management, or social worker
- ☐ Make appropriate referrals such as Maine Families, legal services, child protective services, education and career building support, adoption, domestic violence counseling, WIC, public assistance, food stamps (SNAP), transportation, mental health services
- ☐ Provide information about maternal drug use/effect on infants

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B Antepartum Care 2nd and 3rd Trimester

See page 8

- ☐ Work with patient to develop pain management plan in the second trimester. Patients will most likely need an epidural for adequate pain control in labor
- ☐ Order 18-20-week ultrasound for fetal anatomic abnormalities and screening for cervical incompetence
- ☐ Give family bifold about newborn care and NAS (see Appendix J Section A and C of Snuggle ME Guidelines)
- ☐ Recommend every 4 week ultrasounds for growth starting at 24 weeks' gestation
- ☐ Repeat labs (Hepatitis-C/HIV/STI panel) at 28 weeks if indicated by continued use of illicit drugs, multiple sexual partners, other high risk behaviors, or social situation
- ☐ Consider anesthesia consultation in the third trimester if IV access is difficult or severe anxiety, or coexisting medical issues could prevent spinal analgesia
- ☐ Discuss importance of having trained newborn providers care for infant after delivery. Encourage communication between patient and newborn care provider. Consider prenatal appointment with pediatrician/neonatologist who will care for infant after birth
- ☐ If delivering hospital is not able to provide care for infant with NAS, discuss patient preference for transfer of care in last trimester of pregnancy vs. transfer of newborn after delivery if pharmacologic management is required
- ☐ Confirm that hospital has Buprenorphine available on formulary. If not available, the patient should bring her own medication

C Anticipatory Guidance In 3rd Trimester

See page 9

- ☐ Give families longer booklet about newborn care (see pages 78-92 of Snuggle ME Guidelines)
- ☐ Inform families that a Drug Affected Infant (DAB) notification to DHHS will be done at the time of delivery
- ☐ Advise families that recommended length of stay of newborns is 5-7 days with minimal symptoms and that NAS scoring will be done. Infants may need to stay longer if treatment or prolonged monitoring is required
- ☐ Review hospital breastfeeding guidelines with mothers. Women stable in treatment on buprenorphine or methadone and who do not use illicit drugs can be encouraged to breastfeed. Breastfeeding is not recommended if mothers continue to use Marijuana. Mothers and providers should be aware that Marijuana can be positive in the urine for up to 2 months
- ☐ Refer for Childbirth education
- ☐ Consider referral to Public Health Nursing if not done previously
- ☐ Perform toxicology testing when clinically indicated. Routine toxicology tests may differ by institution. Testing for Methadone, Buprenorphine, and/or their metabolites may need to be specially ordered. Alcohol can be measured via serum alcohol level or urine Ethyl Glucuronide. Positive toxicology tests should be sent for confirmation

D Intrapartum Recommendations

See page 10

- ☐ Contact addiction treatment provider to confirm dose of Methadone or Buprenorphine and notify of admission. An attending provider may prescribe Buprenorphine and Methadone to maintain outpatient dose during hospitalization
- ☐ Opioid dependent mothers require higher and more frequent dosing of narcotic pain medications during labor
- ☐ Methadone or Buprenorphine do not provide adequate pain relief during labor. Continue these medications at their normal dose and time during labor and/or a cesarean section
- ☐ All patients should be asked about substance use history prior to use of Nubain or Stadol. Do not use Nubain or Stadol for pain during labor in opioid dependent patients as they can cause acute withdrawal. Withdrawal symptoms can be reversed with IV Fentanyl or Morphine
- ☐ Neuraxial Analgesia (spinal or epidural) may be the most safe and effective way to control pain both for vaginal births and cesarean sections. Surgical patients delivered with general anesthesia will usually need a PCA with Morphine or Dilaudid to control post cesarean section pain
- ☐ Patients using illicit substances may require increased doses of pain medication. Contact addiction specialist, treatment center, or Maternal Fetal Medicine physician if illicit substance use
- ☐ Consider acute withdrawal in the differential diagnosis of a patient with intractable nausea, vomiting or abdominal pain
- ☐ PICC or central line may be needed when peripheral venous access is too difficult due to history of IV drug use
- ☐ Review newborn testing recommendations with patients privately

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